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Remarks/Arguments

The foregoing amendments to the claims are of formal nature, and do not add new matter. Claims 119-131 are pending in this application and are rejected on various grounds. Claims 127-128 have been canceled without prejudice or disclaimer. Claims 119-124 have been amended with the functional recitation: "wherein, the nucleic acid encoding said polypeptide is amplified in lung or colon cancer." Claim 130 has been amended for proper claim dependency. The rejections to the presently pending claims are respectfully traversed.

Specification

The disclosure was objected to by the Examiner as containing "embedded hyperlink and/or other form of browser-executable code." The foregoing amendment to the specification which deleted all embedded hyperlinks, is believed to overcome the present objections.

In addition, amendments to the specification have incorporated the requisite assurances that "all restrictions imposed by the depositor on the availability to the public of the deposited material will be irrevocably removed upon the granting of the pertinent U.S. patent."

Accordingly, Applicants believe that all objections to the specification has been overcome.

Continuity

The Examiner asserts that Applicants have not complied with conditions to receive benefit of an earlier filing date under 35 U.S.C. 119(e) because allegedly, the provisional applications listed in the first paragraph of the instant application do not refer to SEQ ID NO: 49 or PRO1097 or ATCC No. 203044. Applicants respectfully traverse.

Applicants submit that they rely on the gene amplification assay for patentable utility of the PRO1097 molecule, its antibodies and nucleic acids encoding it, which was first disclosed in U.S. Provisional Application 60/141037, filed June 23, 1999, priority to which has been claimed in this application. Applicants note that the sequences disclosed in the U.S. Provisional Application No. 60/141,037 have a different sequence listing and a different Figure numbering from that of the current application; therefore, the sequence of PRO1097 is listed as SEQ ID NO: 41 and 42, and Figure 29 and 30 in U.S. Provisional Application 60/141,037. Hence, Applicants are entitled to the benefit of the above provisional application and accordingly, to an effective

filing date of at least **June 23, 1999**. The Examiner is respectfully requested to reconsider this application's priority based on this clarification.

Claim Rejections – 35 USC § 101 and 112, first paragraph

Claims 119-131 are rejected under 35 U.S.C. §101 allegedly “because the claimed invention is not supported by either a specific and substantial asserted utility or a well established utility.” Claims 119-131 are further rejected under 35 U.S.C. §112, first paragraph allegedly “since the claimed invention is not supported by either a specific and substantial asserted utility or a well established utility, one skilled in the art would not know how to use the claimed invention”.

The Examiner asserts that the specification does not disclose a function for the polypeptides of SEQ ID NO: 349. Regarding the gene amplification data, the Examiner asserts that "a slight increase in clone numbers in a cancerous tissue is no doubt due to an increased number of chromosomes, a very common characteristic of cancerous and non-cancerous epithelial cells" and quotes articles like Hittelman *et al.* and Crowell *et al.* to demonstrate this. The Examiner further asserts that no utility for PRO1097 exists even if the specification implies a credible, specific and substantial utility for PRO1097 based on structural identity and quotes exemplary articles like Skolnick *et al.*, Bork *et al.*, Doerks *et al.*, Hesselgesser *et al.* and Blease *et al.*, to show that "function cannot be predicted based solely on structural similarity to a protein found in sequence databases." For the reasons outlined below, Applicants respectfully disagree.

Utility Guidelines

According to the Utility Examination Guidelines (“Utility Guidelines”), 66 Fed. Reg. 1092 (2001) an invention complies with the utility requirement of 35 U.S.C. § 101, if it has at least one asserted “specific, substantial, and credible utility” or a “well-established utility.”

Under the Utility Guidelines, a utility is “specific” when it is particular to the subject matter claimed. For example, it is generally not enough to state that a nucleic acid is useful as a diagnostic without also identifying the conditions that is to be diagnosed.

The requirement of “substantial utility” defines a “real world” use, and derives from the Supreme Court’s holding in *Brenner v. Manson*, 383 U.S. 519, 534 (1966) stating that “The basic

quid pro quo contemplated by the Constitution and the Congress for granting a patent monopoly is the benefit derived by the public from an invention with substantial utility.” In explaining the “substantial utility” standard, M.P.E.P. 2107.01 cautions, however, that **Office personnel must be careful not to interpret the phrase "immediate benefit to the public"** or similar formulations used in certain court decisions to mean that products or services based on the claimed invention must be "currently available" to the public in order to satisfy the utility requirement. “Rather, any reasonable use that an applicant has identified for the invention that can be viewed as providing a public benefit should be accepted as sufficient, at least with regard to defining a "substantial" utility.” (M.P.E.P. 2107.01, emphasis added.) Indeed, the Guidelines for Examination of Applications for Compliance with the Utility Requirement, set forth in M.P.E.P. 2107 II (B) (1) gives the following instruction to patent examiners: “If the (A)pplicant has asserted that the claimed invention is useful for any particular practical purpose . . . and the assertion would be considered credible by a person of ordinary skill in the art, do not impose a rejection based on lack of utility.”

Finally, the Utility Guidelines restate the Patent Office’s long established position that any asserted utility has to be “credible.” “Credibility is assessed from the perspective of one of ordinary skill in the art in view of the disclosure and any other evidence of record . . . that is probative of the Applicant’s assertions.” (M.P.E.P. 2107 II (B) (1) (ii)) Such standard is presumptively satisfied unless the logic underlying the assertion is seriously flawed, or if the facts upon which the assertion is based are inconsistent with the logic underlying the assertion. (Revised Interim Utility Guidelines Training Materials, 1999).

To overcome the presumption of truth based on an assertion of utility by the Applicant, the Examiner must establish that **it is more likely than not** that one of ordinary skill in the art would doubt the truth of the statement of utility. **Absolute predictability is not a requirement.** Only after the Examiner has made a proper *prima facie* showing of lack of utility, does the burden of rebuttal shift to the applicant. The issue will then be decided on the totality of evidence.

Arguments

Initially, Applicants submit that an assertion for utility of PRO1097 is not based on structural similarity. Applicants add that the articles cited by the Examiner that discuss utility

based on structural similarity, namely, Skolnick *et al.*, Bork *et al.*, Doerks *et al.*, and Hesselgesser *et al.*, have no bearing on the issue of utility. In the present case, Applicants have shown experimentally that the DNA encoding for PRO1097 is amplified in human lung adenocarcinomas or squamous cell carcinomas and Applicants rely on this gene amplification data for patentable utility of this case. Thus the claimed utility for the PRO1097 protein is based on its use in the diagnosis of lung or colon cancer, as explained below.

Gene amplification is an essential mechanism for oncogene activation and the assay is well-described in Example 170, page 539 of the present application. The gene amplification data shows that genomic DNA was isolated from a variety of primary cancers and cancer cell lines listed in Table 9 (especially page 552, Table 9B) which includes primary lung cancers of the type and stage indicated in Table 8 (page 546). As a negative control, DNA was isolated from the cells of ten normal healthy individuals, which was pooled and used as a control (page 539, lines 27-29). Gene amplification was monitored using real-time quantitative TaqMan™ PCR and the results are set forth in Table 9B. As explained in the passage on page 539, lines 37-39, "the results of TaqMan™ PCR are reported in ΔC_t units. **One unit** corresponds to one PCR cycle or approximately a **2-fold amplification**, relative to control, two units correspond to 4-fold, 3 units to 8-fold amplification and so on" (emphasis added). Table 9B indicates that PRO1097 showed approximately 1.08-1.34 ΔC_t units which corresponds to $2^{1.08}$ - $2^{1.34}$ - fold amplification or **2.114 fold to 2.532 -fold** amplification in lung and colon cancer, which is significant and thus the PRO1097 gene has utility as a diagnostic marker of lung or colon cancer.

It is "more likely than not" for amplified genes to have increased mRNA and protein levels

Applicants submit further exemplary articles to show that, the art indicates that, generally, if a gene is amplified in cancer, it is **more likely than not** that the encoded protein will be expressed at an elevated level. For example, Orntoft *et al.* (Mol. and Cell. Proteomics, 2002, Vol.1, pages 37-45) studied transcript levels of 5600 genes in malignant bladder cancers many of which were linked to the gain or loss of chromosomal material using an array-based method. Orntoft *et al.* showed that there was a gene dosage effect and taught that "in general (18 of 23 cases) chromosomal areas with more than 2-fold gain of DNA showed a corresponding increase in mRNA transcripts" (see column 1, abstract). In addition, Hyman *et al.* (Cancer Res., 2002,

Vol. 62, pages 6240-45) showed, using CGH analysis and cDNA microarrays which compared DNA copy numbers and mRNA expression of over 12,000 genes in breast cancer tumors and cell lines, that there was "evidence of a prominent global influence of copy number changes on gene expression levels." (see page 6244, column 1, last paragraph). Additional supportive teachings were also provided by Pollack *et al.*, (PNAS, 2002, Vol. 99, pages 12963-12968) who studied a series of primary human breast tumors and showed that "...62% of highly amplified genes show moderately or highly elevated expression, and DNA copy number influences gene expression across a wide range of DNA copy number alterations (deletion, low-, mid- and high-level amplification), and that on average, a 2-fold change in DNA copy number is associated with a corresponding 1.5-fold change in mRNA levels." Thus, these articles collectively teach that in general, gene amplification increases mRNA expression.

Also enclosed is a Declaration by Dr. Polakis, principal investigator of the Tumor Antigen Project of Genentech, Inc., the assignee of the present application to show that mRNA expression correlates well with protein levels, in general. As Dr. Polakis explains, the primary focus of the microarray project was to identify tumor cell markers useful as targets for both the diagnosis and treatment of cancer in humans. The scientists working on the project extensively rely on results of microarray experiments in their effort to identify such markers. As Dr. Polakis explains, using microarray analysis, Genentech scientists have identified approximately 200 gene transcripts (mRNAs) that are present in human tumor cells at significantly higher levels than in corresponding normal human cells. To date, they have generated antibodies that bind to about 30 of the tumor antigen proteins expressed from these differentially expressed gene transcripts and have used these antibodies to quantitatively determine the level of production of these tumor antigen proteins in both human cancer cells and corresponding normal cells. Having compared the levels of mRNA and protein in both the tumor and normal cells analyzed, they found a very good correlation between mRNA and corresponding protein levels. Specifically, in approximately 80% of their observations they have found that increases in the level of a particular mRNA correlates with changes in the level of protein expressed from that mRNA. While the proper legal standard is to show that the existence of correlation between mRNA and polypeptide levels is more likely than not, the showing of approximately 80% correlation for the molecules tested in the Polakis Declaration greatly exceed this legal standard. Based on these experimental data and his vast scientific experience of more than 20 years, Dr. Polakis states that,

for human genes, increased mRNA levels typically correlate with an increase in abundance of the encoded protein. He further confirms that "it remains a central dogma in molecular biology that increased mRNA levels are predictive of corresponding increased levels of the encoded protein."

Taken together, although there are some examples in the art of genes that do not fit within the central dogma of molecular biology, these instances are exceptions rather than the rule. In the vast majority of amplified genes, the teachings in the art, as exemplified by Orntoft *et al.*, Hyman *et al.*, Pollack *et al.*, and the Polakis declaration, overwhelmingly show that gene amplification influences gene expression at the mRNA and protein levels. Thus, one of skill in the art would reasonably expect in this instance, based on the amplification data for the PRO1097 gene, that the PRO1097 protein is concomitantly overexpressed. Thus, Applicants submit that the PRO1097 proteins and nucleic acids have utility in the diagnosis of cancer and based on such a utility, one of skill in the art would know exactly how to use the protein for diagnosis of cancer.

Claimed proteins would have diagnostic utility even if the protein were not overexpressed

Even assuming *arguendo* that, there is no correlation between gene amplification and increased mRNA/protein expression for PRO1097, which Applicants submit is not true, a polypeptide encoded by a gene that is amplified in cancer would **still** have a credible, specific and substantial utility. In support, Applicants submit a Declaration by Avi Ashkenazi, Ph.D., an expert in the field of cancer biology and an inventor of the instant application. Dr. Avi Ashkenazi's Declaration explains that:

even when amplification of a cancer marker gene does not result in significant over-expression of the corresponding gene product, this very absence of gene product over-expression still provides significant information for cancer diagnosis and treatment. Thus, if over-expression of the gene product does not parallel gene amplification in certain tumor types but does so in others, then parallel monitoring of gene amplification and gene product over-expression enables more accurate tumor classification and hence better determination of suitable therapy. In addition, absence of over-expression is crucial information for the practicing clinician. If a gene is amplified but the corresponding gene product is not over-expressed, the clinician accordingly will decide not to treat a patient with agents that target that gene product.

Applicants thus submit that simultaneous testing of gene amplification and gene product over-expression enables more accurate tumor classification, even if the gene-product, the protein, is not over-expressed. This leads to better determination of a suitable therapy. Further, as explained in Dr. Ashkenazi's Declaration, absence of over-expression of the protein itself is crucial information for the practicing clinician. If a gene is amplified in a tumor, but the corresponding gene product is not over-expressed, the clinician need not treat a patient with agents that target that gene product. This not only saves money, but further prevents unnecessary exposure of the patient to the side effects of gene product targeted agents.

This is further supported by the teachings of the attached article by Hanna and Mornin. The article teaches that the HER-2/neu gene has been shown to be amplified and/or over-expressed in 10%-30% of invasive breast cancers and in 40%-60% of intraductal breast carcinoma. Further, the article teaches that diagnosis of breast cancer includes testing both the amplification of the HER-2/neu gene (by FISH) as well as the over-expression of the HER-2/neu gene product (by IHC). Even when the protein is not over-expressed, the assay relying on both tests leads to a more accurate classification of the cancer and a more effective treatment of it.

In conclusion, Applicants have demonstrated a credible, specific and substantial asserted utility for the PRO1097 polypeptide based on the gene amplification results for the nucleic acid, for example, in detecting over-expression or absence of expression of PRO1097. In fact, the art also indicates that, if a gene is amplified in cancer, it is **more likely than not** that the encoded protein will also be expressed at an elevated level. Further, based on the instant disclosure, the functional recitation in the claims, one skilled in the art, at the time the application was filed, would know how to make and use the claimed polypeptides, without undue experimentation.

Thus, Applicants have demonstrated utility for the PRO1097 polypeptide as a tumor marker for lung and colon cancer. Accordingly, the present rejections under 35 U.S.C. §101 and §112, first paragraph should be withdrawn.

Claim Rejections – 35 USC § 112, first paragraph- Written description

Claims 119-124, 126-128, 130 and 131 are also rejected under 35 U.S.C. 112, first paragraph because, according to the Examiner, the subject matter was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventors had possession of the claimed invention at the time of filing. Further, while the

Examiner acknowledges that the specification teaches a polypeptide of (SEQ ID NO: 349), it is asserted that "the description of one PRO polypeptide (SEQ ID NO: 349) is not adequate written description of an entire genus of functionally equivalent polypeptides." Applicants respectfully traverse this rejection.

The Legal standard for Written Description

The well- established test for sufficiency of support under the written description requirement of 35 U.S.C. §112, first paragraph is whether the disclosure "reasonably conveys to the artisan that the inventor had possession at that time of the later claimed subject matter." *In re Kaslow*, 707 F.2d 1366, 1375, 212 USPQ 1089, 1096 (Fed. Cir. 1983); see also *Vas-Cath, Inc. v. Mahurkar*, 935 F. 2d at 1563, 19 USPQ2d at 1116 (Fed. cir. 1991). The adequacy of written description support is a factual issue and is to be determined on a case-by-case basis. see e.g. *Vas-Cath, Inc. v. Mahurkar*, 935 F. 2d at 1563, 19 USPQ2d at 1116 (Fed. cir. 1991). The factual determination in a written description analysis depends on the **nature of the invention** and the **amount of knowledge imparted to those skilled in the art by the disclosure**. *Union Oil v. Atlantic Richfield Co.*, 208 F. 3d 989, 996 (Fed. Cir. 2000).

Arguments

As noted above, whether the Applicants were in possession of the invention as of the effective filing date of an application is a factual determination, reached by the consideration of a number of factors, including the level of knowledge and skill in the art, and the teaching provided by the specification. The inventor is not required to describe every single detail of his/her invention. An Applicant's disclosure obligation varies according to the art to which the invention pertains.

The instant invention, defined by the claims, concerns polypeptides having 80%, 85%, 90%, 95% or 99% sequence identity with the disclosed polypeptide sequence SEQ ID NO: 349 with the functional recitation: "wherein the nucleic acid encoding said polypeptide is amplified in lung and colon cancer." The present invention pertains to the field of recombinant DNA/protein technology. It is well established that the level of skill in this field is very high since a representative person of skill is generally a Ph.D. scientist with several years of experience. Accordingly, the teaching imparted in the specification must be evaluated through the eyes of a

highly skilled artisan as of the date the invention was made. Based on the detailed description of the cloning and expression of variants of PRO1097 in the specification, the description of the gene amplification assay and description of testing the ability of test variant polypeptides in the assay, the actual reduction to practice of sequence SEQ ID NO: 349 and the functional recitation in the instant claims, Applicants submit that one of skilled in the art would know that Applicants possessed the invention as claimed in the instant claims.

Hence, Applicants submit that this rejection should be withdrawn.

Claim Rejections – 35 USC § 112, first paragraph- Deposit Rules

Claims 119-124 and 129 are rejected under 35 U.S.C. §112, first paragraph, as failing to comply with the enablement requirement. The Examiner required that "elements required for practicing a claimed invention must be known and readily available to the public or obtainable by a repeatable method set forth in the specification."

Applicants submit that amendments to the specification have (1) the current ATCC address; and (2) incorporated the requisite assurances that "all restrictions imposed by the depositor on the availability to the public of the deposited material will be irrevocably removed upon the granting of the pertinent U.S. patent." Additionally, the specification recites the correct ATCC address. Thus, Applicant have fulfilled the requirements of 37 C.F.R. § 1.809(d) and therefore, this rejection should be withdrawn.

Claim Rejections – 35 USC § 112, second paragraph

Claims 119-124, 127, 128 are rejected under 35 U.S.C. §112, second paragraph as being indefinite for failing to particularly point out and distinctly claim the subject matter which the Applicant regards as the invention. The Examiner states that the claims are rendered indefinite because of "the phrase extracellular domain."

Without acquiescing to the propriety of this rejection and solely in the interest of expedited prosecution in this case, Applicants have canceled references to "extracellular domain" in the claims; that is, part (c) and (d) of the claims have been deleted for clarity and have canceled claims 127-128 without prejudice or disclaimer. Accordingly, Applicants submit that the claims are definite and respectfully request that this rejection be withdrawn.

References

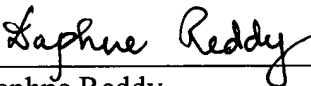
The cited reference, Clark *et al.* Genome Res., 13: 2265-70 (2003) has been noted, and is dated after the effective filing date of the present application and hence, is not applicable art.

The present application is believed to be in *prima facie* condition for allowance, and an early action to that effect is respectfully solicited.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 08-1641 (Attorney Docket No.: 39780-2730P1C29). Please direct any calls in connection with this application to the undersigned at the number provided below.

Respectfully submitted,

Date: August 3, 2004



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ashkenazi et al.
App. No. : 09/903,925
Filed : July 11, 2001
For : SECRETED AND
TRANSMEMBRANE
POLYPEPTIDES AND NUCLEIC
ACIDS ENCODING THE SAME
Examiner : Hamud, Fozia M

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DECLARATION OF AVI ASHKENAZI, Ph.D UNDER 37 C.F.R. § 1.132

I, Avi Ashkenazi, Ph.D. declare and say as follows: -

1. I am Director and Staff Scientist at the Molecular Oncology Department of Genentech, Inc., South San Francisco, CA 94080.
2. I joined Genentech in 1988 as a postdoctoral fellow. Since then, I have investigated a variety of cellular signal transduction mechanisms, including apoptosis, and have developed technologies to modulate such mechanisms as a means of therapeutic intervention in cancer and autoimmune disease. I am currently involved in the investigation of a series of secreted proteins over-expressed in tumors, with the aim to identify useful targets for the development of therapeutic antibodies for cancer treatment.
3. My scientific Curriculum Vitae, including my list of publications, is attached to and forms part of this Declaration (Exhibit A).
4. Gene amplification is a process in which chromosomes undergo changes to contain multiple copies of certain genes that normally exist as a single copy, and is an important factor in the pathophysiology of cancer. Amplification of certain genes (e.g., Myc or Her2/Neu)

gives cancer cells a growth or survival advantage relative to normal cells, and might also provide a mechanism of tumor cell resistance to chemotherapy or radiotherapy.

5. If gene amplification results in over-expression of the mRNA and the corresponding gene product, then it identifies that gene product as a promising target for cancer therapy, for example by the therapeutic antibody approach. Even in the absence of over-expression of the gene product, amplification of a cancer marker gene - as detected, for example, by the reverse transcriptase TaqMan[®] PCR or the fluorescence *in situ* hybridization (FISH) assays - is useful in the diagnosis or classification of cancer, or in predicting or monitoring the efficacy of cancer therapy. An increase in gene copy number can result not only from intrachromosomal changes but also from chromosomal aneuploidy. It is important to understand that detection of gene amplification can be used for cancer diagnosis even if the determination includes measurement of chromosomal aneuploidy. Indeed, as long as a significant difference relative to normal tissue is detected, it is irrelevant if the signal originates from an increase in the number of gene copies per chromosome and/or an abnormal number of chromosomes.

6. I understand that according to the Patent Office, absent data demonstrating that the increased copy number of a gene in certain types of cancer leads to increased expression of its product, gene amplification data are insufficient to provide substantial utility or well established utility for the gene product (the encoded polypeptide), or an antibody specifically binding the encoded polypeptide. However, even when amplification of a cancer marker gene does not result in significant over-expression of the corresponding gene product, this very absence of gene product over-expression still provides significant information for cancer diagnosis and treatment. Thus, if over-expression of the gene product does not parallel gene amplification in certain tumor types but does so in others, then parallel monitoring of gene amplification and gene product over-expression enables more accurate tumor classification and hence better determination of suitable therapy. In addition, absence of over-expression is crucial information for the practicing clinician. If a gene is amplified but the corresponding gene product is not over-expressed, the clinician accordingly will decide not to treat a patient with agents that target that gene product.

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so

made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

By: Avi Ashkenazi
Avi Ashkenazi, Ph.D.

Date: 9/15/03

CURRICULUM VITAE

Avi Ashkenazi

July 2003

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Education:

1983: B.S. in Biochemistry, with honors, Hebrew University, Israel
1986: Ph.D. in Biochemistry, Hebrew University, Israel

Employment:

1983-1986: Teaching assistant, undergraduate level course in Biochemistry
1985-1986: Teaching assistant, graduate level course on Signal Transduction
1986 - 1988: Postdoctoral fellow, Hormone Research Dept., UCSF, and
Developmental Biology Dept., Genentech, Inc., with J. Ramachandran
1988 - 1989: Postdoctoral fellow, Molecular Biology Dept., Genentech, Inc.,
with D. Capon
1989 - 1993: Scientist, Molecular Biology Dept., Genentech, Inc.
1994 -1996: Senior Scientist, Molecular Oncology Dept., Genentech, Inc.
1996-1997: Senior Scientist and Interim director, Molecular Oncology Dept.,
Genentech, Inc.
1997-1990: Senior Scientist and preclinical project team leader, Genentech, Inc.
1999 -2002: Staff Scientist in Molecular Oncology, Genentech, Inc.
2002-present: Staff Scientist and Director in Molecular Oncology, Genentech, Inc.

Awards:

1988: First prize, The Boehringer Ingelheim Award

Editorial:

Editorial Board Member: Current Biology

Associate Editor, Clinical Cancer Research.

Associate Editor, Cancer Biology and Therapy.

Refereed papers:

1. Gertler, A., Ashkenazi, A., and Madar, Z. Binding sites for human growth hormone and ovine and bovine prolactins in the mammary gland and liver of the lactating cow. *Mol. Cell. Endocrinol.* **34**, 51-57 (1984).
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13. Ashkenazi, A., Ramachandran, J., and Capon, D. Acetylcholine analogue stimulates DNA synthesis in brain-derived cells via specific muscarinic acetylcholine receptor subtypes. *Nature* **340**, 146-150 (1989).
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Talks:

1. Resistance of primary HIV isolates to CD4 is independent of CD4-gp120 binding affinity. UCSD Symposium, HIV Disease: Pathogenesis and Therapy. Greenelefe, FL, March 1991.
2. Use of immuno-hybrids to extend the half-life of receptors. IBC conference on Biopharmaceutical Halflife Extension. New Orleans, LA, June 1992.
3. Results with TNF receptor Immunoadhesins for the Treatment of Sepsis. IBC conference on Endotoxemia and Sepsis. Philadelphia, PA, June 1992.
4. Immunoadhesins: an alternative to human antibodies. IBC conference on Antibody Engineering. San Diego, CA, December 1993.
5. Tumor necrosis factor receptor: a potential therapeutic for human septic shock. American Society for Microbiology Meeting, Atlanta, GA, May 1993.
6. Protective efficacy of TNF receptor immunoadhesin vs anti-TNF monoclonal antibody in a rat model for endotoxic shock. 5th International Congress on TNF. Asilomar, CA, May 1994.
7. Interferon- γ signals via a multisubunit receptor complex that contains two types of polypeptide chain. American Association of Immunologists Conference. San Francisco, CA, July 1995.
8. Immunoadhesins: Principles and Applications. Gordon Research Conference on Drug Delivery in Biology and Medicine. Ventura, CA, February 1996.

9. Apo-2 Ligand, a new member of the TNF family that induces apoptosis in tumor cells. Cambridge Symposium on TNF and Related Cytokines in Treatment of Cancer. Hilton-Head, NC, March 1996.
10. Induction of apoptosis by Apo2 Ligand. American Society for Biochemistry and Molecular Biology, Symposium on Growth Factors and Cytokine Receptors. New Orleans, LA, June, 1996.
11. Apo2 ligand, an extracellular trigger of apoptosis. 2nd Clontech Symposium, Palo Alto, CA, October 1996.
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14. New members of the TNF ligand and receptor families that regulate apoptosis, inflammation, and immunity. UCLA School of Medicine, LA, CA, March 1997.
15. Immunoadhesins: an alternative to monoclonal antibodies. 5th World Conference on Bispecific Antibodies. Volendam, Holland, June 1997.
16. Control of Apo2L signaling. Cold Spring Harbor Laboratory Symposium on Programmed Cell Death. Cold Spring Harbor, New York. September, 1997.
17. Chairman and speaker, Apoptosis Signaling session. IBC's 4th Annual Conference on Apoptosis. San Diego, CA., October 1997.
18. Control of Apo2L signaling by death and decoy receptors. American Association for the Advancement of Science. Philladelphia, PA, February 1998.
19. Apo2 ligand and its receptors. American Society of Immunologists. San Francisco, CA, April 1998.
20. Death receptors and ligands. 7th International TNF Congress. Cape Cod, MA, May 1998.
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23. Control of apoptosis by Apo2L. Endocrine Society Conference, Stevenson, WA, August 1998.
24. Control of apoptosis by Apo2L. International Cytokine Society Conference, Jerusalem, Israel, October 1998.

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29. Safety and anti-tumor activity of recombinant soluble Apo2L/TRAIL. Cold Spring Harbor Laboratory Symposium on Programmed Cell Death. . Cold Spring Harbor, NY, September 1999.
30. The Apo2L/TRAIL system: therapeutic potential. American Association for Cancer Research, Lake Tahoe, NV, Feb 2000.
31. Apoptosis and cancer therapy. Stanford University School of Medicine, Stanford, CA, Mar 2000.
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33. Apoptosis signaling by Apo2L/TRAIL. International Congress on TNF. Trondheim, Norway, May 2000.
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42. Apoptosis signaling by Apo2L/TRAIL. Weizmann Institute of Science, Rehovot, Israel, March 2001.
43. Apo2L/TRAIL: Apoptosis signaling and potential for cancer therapy. Weizmann Institute of Science, Rehovot, Israel, March 2001.
44. Targeting death receptors in cancer with Apo2L/TRAIL. Cell Death and Disease conference, North Falmouth, MA, Jun 2001.
45. Targeting death receptors in cancer with Apo2L/TRAIL. Biotechnology Organization conference, San Diego, CA, Jun 2001.
46. Apo2L/TRAIL signaling and apoptosis resistance mechanisms. Gordon Research Conference on Apoptosis, Oxford, UK, July 2001.
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49. Apoptosis signaling by death receptors. American Society of Nephrology Conference. San Francisco, CA, Oct 2001.
50. Targeting death receptors in cancer. Apoptosis: commercial opportunities. San Diego, CA, Apr 2002.
51. Apo2L/TRAIL signaling and apoptosis resistance mechanisms. Kimmel Cancer Research Center, Johns Hopkins University, Baltimore MD. May 2002.
52. Apoptosis control by Apo2L/TRAIL. (Keynote Address) University of Alabama Cancer Center Retreat, Birmingham, Ab. October 2002.
53. Apoptosis signaling by Apo2L/TRAIL. (Session co-chair) TNF international conference. San Diego, CA. October 2002.
54. Apoptosis signaling by Apo2L/TRAIL. Swiss Institute for Cancer Research (ISREC). Lausanne, Swizerland. Jan 2003.
55. Apoptosis induction with Apo2L/TRAIL. Conference on New Targets and Innovative Strategies in Cancer Treatment. Monte Carlo. February 2003.
56. Apoptosis signaling by Apo2L/TRAIL. Hermelin Brain Tumor Center Symposium on Apoptosis. Detroit, MI. April 2003.
57. Targeting apoptosis through death receptors. Sixth Annual Conference on Targeted Therapies in the Treatment of Breast Cancer. Kona, Hawaii. July 2003.
58. Targeting apoptosis through death receptors. Second International Conference on Targeted Cancer Therapy. Washington, DC. Aug 2003.

Issued Patents:

1. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 5,329,028 (Jul 12, 1994).
2. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 5,605,791 (Feb 25, 1997).
3. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 5,889,155 (Jul 27, 1999).
4. Ashkenazi, A., APO-2 Ligand. US patent 6,030,945 (Feb 29, 2000).
5. Ashkenazi, A., Chuntharapai, A., Kim, J., APO-2 ligand antibodies. US patent 6,046,048 (Apr 4, 2000).
6. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 6,124,435 (Sep 26, 2000).
7. Ashkenazi, A., Chuntharapai, A., Kim, J., Method for making monoclonal and cross-reactive antibodies. US patent 6,252,050 (Jun 26, 2001).
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9. Ashkenazi, A. Fong, S., Goddard, A., Gurney, A., Napier, M., Tumas, D., Wood, W. A-33 polypeptides. US patent 6,410,708 (Jun 25, 2002).
10. Ashkenazi, A. APO-3 Receptor. US patent 6,462,176 B1 (Oct 8, 2002).
11. Ashkenazi, A. APO-2LI and APO-3 polypeptide antibodies. US patent 6,469,144 B1 (Oct 22, 2002).
12. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 6,582,928B1 (Jun 24, 2003).

DECLARATION OF PAUL POLAKIS, Ph.D.

I, Paul Polakis, Ph.D., declare and say as follows:

1. I was awarded a Ph.D. by the Department of Biochemistry of the Michigan State University in 1984. My scientific Curriculum Vitae is attached to and forms part of this Declaration (Exhibit A).
2. I am currently employed by Genentech, Inc. where my job title is Staff Scientist. Since joining Genentech in 1999, one of my primary responsibilities has been leading Genentech's Tumor Antigen Project, which is a large research project with a primary focus on identifying tumor cell markers that find use as targets for both the diagnosis and treatment of cancer in humans.
3. As part of the Tumor Antigen Project, my laboratory has been analyzing differential expression of various genes in tumor cells relative to normal cells. The purpose of this research is to identify proteins that are abundantly expressed on certain tumor cells and that are either (i) not expressed, or (ii) expressed at lower levels, on corresponding normal cells. We call such differentially expressed proteins "tumor antigen proteins". When such a tumor antigen protein is identified, one can produce an antibody that recognizes and binds to that protein. Such an antibody finds use in the diagnosis of human cancer and may ultimately serve as an effective therapeutic in the treatment of human cancer.
4. In the course of the research conducted by Genentech's Tumor Antigen Project, we have employed a variety of scientific techniques for detecting and studying differential gene expression in human tumor cells relative to normal cells, at genomic DNA, mRNA and protein levels. An important example of one such technique is the well known and widely used technique of microarray analysis which has proven to be extremely useful for the identification of mRNA molecules that are differentially expressed in one tissue or cell type relative to another. In the course of our research using microarray analysis, we have identified approximately 200 gene transcripts that are present in human tumor cells at significantly higher levels than in corresponding normal human cells. To date, we have generated antibodies that bind to about 30 of the tumor antigen proteins expressed from these differentially expressed gene transcripts and have used these antibodies to quantitatively determine the level of production of these tumor antigen proteins in both human cancer cells and corresponding normal cells. We have then compared the levels of mRNA and protein in both the tumor and normal cells analyzed.
5. From the mRNA and protein expression analyses described in paragraph 4 above, we have observed that there is a strong correlation between changes in the level of mRNA present in any particular cell type and the level of protein

expressed from that mRNA in that cell type. In approximately 80% of our observations we have found that increases in the level of a particular mRNA correlates with changes in the level of protein expressed from that mRNA when human tumor cells are compared with their corresponding normal cells.

6. Based upon my own experience accumulated in more than 20 years of research, including the data discussed in paragraphs 4 and 5 above and my knowledge of the relevant scientific literature, it is my considered scientific opinion that for human genes, an increased level of mRNA in a tumor cell relative to a normal cell typically correlates to a similar increase in abundance of the encoded protein in the tumor cell relative to the normal cell. In fact, it remains a central dogma in molecular biology that increased mRNA levels are predictive of corresponding increased levels of the encoded protein. While there have been published reports of genes for which such a correlation does not exist, it is my opinion that such reports are exceptions to the commonly understood general rule that increased mRNA levels are predictive of corresponding increased levels of the encoded protein.

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

Dated: 5/07/04

By: Paul Polakis

Paul Polakis, Ph.D.

CURRICULUM VITAE

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EDUCATION:

Ph.D., Biochemistry, Department of Biochemistry,
Michigan State University (1984)

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PROFESSIONAL EXPERIENCE:

2002-present	Staff Scientist, Genentech, Inc S. San Francisco, CA
1999- 2002	Senior Scientist, Genentech, Inc., S. San Francisco, CA
1997 -1999	Research Director Onyx Pharmaceuticals, Richmond, CA
1992- 1996	Senior Scientist, Project Leader, Onyx Pharmaceuticals, Richmond, CA
1991-1992	Senior Scientist, Chiron Corporation, Emeryville, CA.
1989-1991	Scientist, Cetus Corporation, Emeryville CA.
1987-1989	Postdoctoral Research Associate, Genentech, Inc., South San Francisco, CA.
1985-1987	Postdoctoral Research Associate, Department of Medicine, Duke University Medical Center, Durham, NC

1984-1985

Assistant Professor, Department of Chemistry,
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Graduate Research Assistant, Department of
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PUBLICATIONS:

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